

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/28/2006	Applicant Identifier 05-447
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: San Joaquin Valley Unified Air Pollution Control District		Organizational Unit: Department: Administration	
Organizational DUNS: 786808394		Division: Administrative Services Division	
Address: Street: 1990 East Gettysburg Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Fred	
City: Fresno		Middle Name O.	
County: Fresno		Last Name Bates	
State: CA	Zip Code 93726-0244	Suffix: Jr.	
Country: USA		Email: fred.bates@valleyair.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0262563		Phone Number (give area code) (559) 230-6020	Fax Number (give area code) (559) 230-6063
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001		9. NAME OF FEDERAL AGENCY: EPA - Region 9	
TITLE (Name of Program): Air Pollution Control Program Support (105)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clean Air Act Section 105	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, & Tulare County.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 0611, 0618, 0619, 0620, 0621, 0622 b. Project 0611 0618 0619 0620, 0621, 0622	
13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 09/30/2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/11/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 1,837,929 b. Applicant \$ 9,230,670 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 11,068,599		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr. First Name Sayed Middle Name Last Name Sadredin Suffix b. Title Executive Director / A.P.C.O. c. Telephone Number (give area code) (559) 230-6020 d. Signature of Authorized Representative e. Date Signed 07/28/2006			

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AUG 01 2006

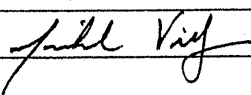
STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

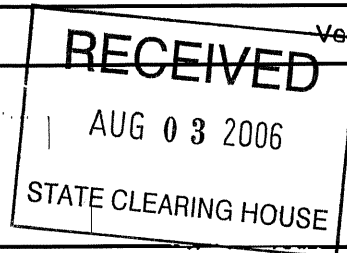
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 28, 2006	Applicant Identifier R9 Tracking Number 06-422	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier A009009-07-0		

5. APPLICANT INFORMATION																									
Legal Name: Ventura County Air Pollution Control District		Organizational Unit: Department: Ventura County Air Pollution Control District																							
Organizational DUNS: 066691122		Division: N/A																							
Address: Street: 669 County Square Drive, 2nd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)																							
City: Ventura		Prefix: Ms.	First Name: Nancy																						
County: Ventura		Middle Name S.																							
State: California		Last Name Mendoza																							
Zip Code 93003		Suffix: N/A																							
Country: U.S.A.		Email: nancy@vcapcd.org																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) (805) 645-1402		Fax Number (give area code) (805) 645-1444																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.																							
13. PROPOSED PROJECT Start Date: 10/01/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 23 & 24																							
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,087,794</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>6,904,277</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>202,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>30,000</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>8,194,071</td> </tr> </table>		a. Federal	\$	1,087,794	b. Applicant	\$	6,904,277	c. State	\$	202,000	d. Local	\$		e. Other	\$		f. Program Income	\$	30,000	g. TOTAL	\$	8,194,071	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	1,087,794																							
b. Applicant	\$	6,904,277																							
c. State	\$	202,000																							
d. Local	\$																								
e. Other	\$																								
f. Program Income	\$	30,000																							
g. TOTAL	\$	8,194,071																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
a. Authorized Representative																									
Prefix Mr.		First Name Michael		Middle Name																					
Last Name Villegas		Suffix																							
b. Title Air Pollution Control Officer		c. Telephone Number (give area code) (805) 645-1440																							
d. Signature of Authorized Representative 		e. Date Signed 7-28-2006																							

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424			Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="checkbox"/> Other (Specify)
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of West Covina			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 968000810		* c. Organizational DUNS: 071914824	
d. Address:			
* Street1: 1444 W. Garvey Ave.			
Street2:			
* City: West Covina			
County:			
* State: CA: California			
Province:			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 91790			
e. Organizational Unit:			
Department Name: Police Department		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		* First Name: Alex	
Middle Name:			
* Last Name: Houston			
Suffix:			
Title: Police Administrative Services Manager			
Organizational Affiliation:			
* Telephone Number: 626-939-8501		Fax Number: 626-939-8679	
* Email: alex.houston@wcpd.org			



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of West Covina

*** 15. Descriptive Title of Applicant's Project:**

Communications System technological upgrade

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

31

* b. Program/Project

31

Attach an additional list of Program/Project Congressional Districts if needed.

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

04/01/2006

* b. End Date:

09/30/2007

18. Estimated Funding (\$):

* a. Federal

197,446.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

197,446.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mr.

* First Name:

Andrew

Middle Name:

* Last Name:

Pasmant

Suffix:

* Title:

City Manager

* Telephone Number:

626-939-8401

Fax Number:

626-939-8679

* Email:

andrew.pasmant@westcov.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED '01/06	Applicant Identifier R9#06-417
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Monterey Bay Unified Air Pollution Control District	Organizational Unit: Executive Office
Address (give city, county, state, and zip code): 24580 Silver Cloud Court, Monterey, CA 93940 DUNS# 125-103-275	Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, Business Manager (831) 647-9418 X 229, emartin@mbuapcd.org
6. EMPLOYER IDENTIFICATION (EIN): 94-2301821	7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):
8. TYPE OF APPLICATION: <u>X</u> New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:	9. NAME OF FEDERAL AGENCY: EPA Region IX
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support(105)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Basin Wide Pollution Program
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey, Santa Cruz, and San Benito Counties in California	<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); width: fit-content;"> RECEIVED AUG 03 2006 STATE CLEARING HOUSE </div>

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 10/1/06	End Date 9/30/07	a. Applicant: 16th Congressional District	b. Project Same

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>08/01/06</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 275,659.00	
b. Applicant	\$ 2,208,774.00	
c. State	\$ 1,684,100.00	
d. Local	\$ 171,310.00	
e. Other	\$ 138,058.00	
f. Program Income	\$ 0.00	
g. TOTAL \$ 4,477,901.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. X No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative. Douglas Quetin	b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411
d. Signature of Authorized Representative 		e. Date Signed 08/01/06

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 9th 2006	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE Not Applicable	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Visalia Redevelopment Agency		Organizational Unit: Department: Redevelopment Agency	
Organizational DUNS: 052673837		Division:	
Address: Street: 425 East Oak Street, Suite 301		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Visalia		Prefix: Mr. First Name: Fred	
County: Tulare		Middle Name:	
State: CA Zip Code: 93291		Last Name: Brusuelas	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000443		Email: FBrusuelas@ci.visalia.ca.us	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		Phone Number (give area code): 559-713-4364 Fax Number (give area code): 559-713-4813	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-818		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) N - Redevelopment Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Visalia		8. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
13. PROPOSED PROJECT Start Date: 09/30/06 Ending Date: 10/09		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funds to Cleanup hazardous substances located on a 6.8-acre and a 4.9-acre site located at the NW and NE intersections of Burke Street and Oak Avenue.	
15. ESTIMATED FUNDING: a. Federal \$ 236,000 b. Applicant 25% of Federal \$ 59,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 295,000		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st	
16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/2/06 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17.16 THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix Mr. First Name Steven		Middle Name M.	
Last Name Salomon		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 559-713-4312	
d. Signature of Authorized Representative		e. Date Signed 6-8-06	

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JUN 12 2006

GMO, PMD-7

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Santa Barbara County Air Pollution Control District		Organizational Unit: Department:		
Organizational DUNS: 799440722		Division:		
Address: Street: 260 North San Antonio Road Suite A		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 04 2006 STATE CLEARING HOUSE </div>		
City: Santa Barbara				
County: Santa Barbara County, California		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: California		Prefix: First Name: Linda		
Zip Code 93110		Middle Name		
Country: United States of America		Last Name Alexander		
		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0384167		Email: alexanderl@sbcapcd.org		
		Phone Number (give area code) 805-961-8813		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Barbara County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Control Program		
13. PROPOSED PROJECT Start Date: 10/01/2006 Ending Date: 9/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd & 24th b. Project 23rd & 24th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 480,784	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 8,839,698	DATE:		
c. State	\$ 100,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 9,420,482			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Terry	Middle Name		
Last Name Dressler		Suffix		
b. Title Air Pollution Control Officer		c. Telephone Number (give area code) 805 961 8853		
d. Signature of Authorized Representative		e. Date Signed 7/31/2006		

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 8/1/06	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Gardenia Gresham		Organizational Unit: Home	
Address (give city, county, State, and zip code): 7076 Appian Drive, Unit A, San Diego, San Diego, CA 92139-3306		Name and phone number of person to be contacted on matters involving this application (give area code): (619) 475-0277	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□ - □□□□□□□□		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University. D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): non-profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): new award		9. NAME OF FEDERAL AGENCY: State Clearinghouse Office of Planning and Research	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: □□ - □□□□		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To help pay for student loans for a head start teacher who teaches in a low- income area as well as a poverty-stricken area.	
12. AREAS AFFECTED BY PROJECT: (Cities, Counties, States, etc.) San Diego, CA		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 07 2006 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT:			
Start Date 8/11/06/06	Ending Date 8/11/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,000.00	<input type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 7/14/1982 <input type="checkbox"/> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 60,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", attach an explanation.)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 10, 2006	Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Shasta County		Organizational Unit: Department: Public Works		
Organizational DUNS: 076-124-536		Division: County Service Area #23 - Cragview Water		
Address: Street: 1855 Placer Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.		
City: Redding		First Name: Steven		
County: Shasta		Middle Name: Lyle		
State: CA		Last Name: Preszler		
Zip Code: 96001		Suffix:		
Country: USA		Email: spreszler@co.shasta.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 3 5		Phone Number (give area code) (530) 245-6807		Fax Number (give area code) (530) 225-5661
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Shasta County Service Area #23 - Cragview Water, Shasta Co., CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta County Service Area #23 - Cragview Water, Upgrade Filtration and Treatment Systems to Approved Technology		
13. PROPOSED PROJECT: Upgrade Filtration and Treatment Systems Start Date: August 2008 Ending Date: November 2009		14. CONGRESSIONAL DISTRICTS OF: Wally Herger a. Applicant 2 b. Project 2		
15. ESTIMATED FUNDING: a. Federal (USDA Rural Development Federal Loan) \$803,800 b. Applicant \$ c. State \$ d. Local \$ e. Other (USDA Rural Development Federal Grant) \$200,900 f. Program Income \$ g. TOTAL \$1,004,700		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Steven	Middle Name Lyle		
Last Name Preszler		Suffix		
b. Title Supervising Engineer		c. Telephone Number (give area code) (530) 245-6807		
d. Signature of Authorized Representative <i>Steven Preszler</i>		e. Date Signed August 10, 2006		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 10, 2006	Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Shasta County		Organizational Unit: Department: Public Works		
Organizational DUNS: 076-124-536		Division: County Service Area #3 - Castella Water		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1855 Placer Street		Prefix: Mr.	First Name: Steven	
City: Redding		Middle Name: Lyle		
County: Shasta		Last Name: Preszler		
State: CA		Suffix:		
Country: USA		Email: spreszler@co.shasta.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)
9 4 - 6 0 0 0 5 3 5		(530) 245-6807		(530) 225-5661
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta County Service Area #3 - Castella Water, Upgrade Filtration and Treatment Systems to Approved Technology		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Shasta County Service Area #3 - Castella Water, Shasta Co., CA		14. CONGRESSIONAL DISTRICTS OF: Wally Herger		
13. PROPOSED PROJECT: Upgrade Filtration and Treatment Systems		a. Applicant 2		
Start Date: August 2008		b. Project 2		
Ending Date: November 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
15. ESTIMATED FUNDING:		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
a. Federal (USDA Rural Development Federal Loan)	\$777,200	DATE:		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other (USDA Rural Development Federal Grant)	\$194,300	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$971,500	a. Authorized Representative		
Prefix Mr.		First Name Steven		Middle Name Lyle
Last Name Preszler		Suffix		
b. Title Supervising Engineer		c. Telephone Number (give area code) (530) 245-6807		
d. Signature of Authorized Representative		e. Date Signed August 10, 2006		

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

CA3105

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Roseville

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000409

* c. Organizational DUNS:

076119643

d. Address:

* Street1:

311 Vernon St.

Street2:

* City:

Roseville

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95678

e. Organizational Unit:

Department Name:

Roseville Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mrs.

* First Name:

Dee Dee

Middle Name:

* Last Name:

Gunther

Suffix:

Title: Administrative Analyst

Organizational Affiliation:

* Telephone Number: 916-774-0515

Fax Number: 916-774-5019

* Email: ddgunther@roseville.ca.us

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AUG 09 2006

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 07/31/2006**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

City or Township Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:**CFDA Title:***** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

*** Title:**

COPS Law Enforcement Technology

13. Competition Identification Number:**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):***** 15. Descriptive Title of Applicant's Project:**

Roseville Wireless Technology Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 4th

* b. Program/Project 4th

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2006

* b. End Date: 06/30/2007

18. Estimated Funding (\$):

* a. Federal	246,807.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	246,807.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/31/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: W. Craig

Middle Name:

* Last Name: Robinson

Suffix:

* Title: City Manager

* Telephone Number: (916) 774-5382

Fax Number:

* Email: citymanager@roseville.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

CA3105

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Roseville

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000409

* c. Organizational DUNS:

076119643

d. Address:

* Street1:

311 Vernon St.

Street2:

* City:

Roseville

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95678

e. Organizational Unit:

Department Name:

Roseville Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Dee Dee

Middle Name:

* Last Name:

Gunther

Suffix:

Title: Administrative Analyst

Organizational Affiliation:

Roseville Police Department

* Telephone Number:

916-774-5015

Fax Number:

916-774-5019

* Email:

ddgunther@roseville.ca.us

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Version 02

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2006-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Securing Roseville's Schools 2006

Attach supporting documents as specified in agency instructions.

Add Attachment Delete

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

4

* b. Program/Project

4

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

07/01/2006

* b. End Date:

06/30/2008

18. Estimated Funding (\$):

* a. Federal	127,296.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	127,287.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	254,593.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/08/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: W. Craig

Middle Name:

* Last Name: Robinson

Suffix:

* Title: City Manager

* Telephone Number: (916)774-5362

Fax Number:

* Email: citymanager@roseville.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Version 7/03

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/31/2006		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: County of San Bernardino		4. DATE RECEIVED BY FEDERAL AGENCY 5/31/2006		Federal Identifier B-06-UC-06-0503	
Organizational DUNS: 009241659		Organizational Unit: Department: Department of Community Development and Housing			
Address: Street: 290 North "D" Street, Sixth Floor		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Douglas			
City: San Bernardino		Middle Name			
County: San Bernardino		Last Name Payne			
State: CA		Suffix:			
Zip Code 92415-0040		Email: dpayne@cdh.sbcounty.gov			
Country: United States of America		Phone Number (give area code) (909) 388-0990		Fax Number (give area code) (909) 388-0920	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002748		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): CDBG Entitlement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2006-07 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated San Bernardino County and 13 cooperating cities.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 26, 41, 42, 43 b. Project 25, 26, 41, 42, 43			
13. PROPOSED PROJECT Start Date: 7/1/06 Ending Date: 6/30/07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/1/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: a. Federal \$ 8,188,539.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$ 1,413,700.00 g. TOTAL \$ 9,602,239.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Bill Middle Name Last Name Postmus Suffix		c. Telephone Number (give area code) (909) 387-4830			
b. Title Chairman, County Board of Supervisors		e. Date Signed MAY 25 2006			
d. Signature of Authorized Representative					

Previous Editions Usable
Authorized for Local Production

County Counsel

Approved 5-22-06
By [Signature] DeputyStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

956006145W

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

1956006145A1

* c. Organizational DUNS:

094878394

d. Address:

* Street1:

3227 Cheadle Hall

Street2:

Office of Research

* City:

Santa Barbara

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93106-2050

e. Organizational Unit:

Department Name:

ICESS

Division Name:

ORU

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

David

Middle Name:

* Last Name:

Stoms

Suffix:

Title: Associate Researcher

Organizational Affiliation:

Institute for Computational Earth System Science

* Telephone Number: 805-893-7655

Fax Number: 805-893-7612

* Email: stoms@bren.ucsb.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOS-CSC-2007-2000691

* Title:

FY 2007 Information Resource Supporting the Resiliency of Coastal Areas in the US Portion of the Gulf of Mexico

13. Competition Identification Number:

2041276

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Texas, Louisiana, Mississippi, Alabama, and Florida

*** 15. Descriptive Title of Applicant's Project:**

Representing Social-Environmental Resilience in the Gulf Coast through a Geospatial Multicriteria Tool in Support of Adaptive Policy-Making.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

23

* b. Program/Project

23

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

Add Attachment

17. Proposed Project:

* a. Start Date:

03/01/2007

* b. End Date:

02/28/2009

18. Estimated Funding (\$):

* a. Federal	180,418.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	180,418.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/14/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Kevin

Middle Name:

* Last Name: Stewart

Suffix:

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-4034

Fax Number: 805-893-2611

* Email: stewart@research.ucsb.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

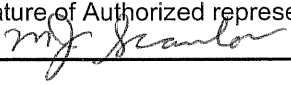
* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

**Application for
Federal Assistance**

1. Type of Submission Application Application Amendment Preapplication <input type="checkbox"/> Constuction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Constuction <input type="checkbox"/> Non-Construction		2. Date Submitted 27-Jul-06	3. Applicant Identifier
3. Date received State		State Application Identifier	
4. Date received by Federal Agency:		Federal Identifier CA-90-Y448	
5. Applicant Information			
6. Legal Name: San Mateo County Transit District (SamTrans)			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County California 94070-1306		Name and telephone of contact person (give area code) Rebecca Arthur, Capital Programming and Grants (650) 508-6368 Administrator	
6. Employer Identification Number (EIN): 9 4 2325976		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify) :		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20507 Section 5307 Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Mateo County		11. Descriptive title of applicant project FY06 Capital Grant - samTrans	
13. Proposed Projects in Grant Start Date: 6/8/2005 End Date: 2/28/2008		<div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 14 2006 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>	
15. Estimated Funding for amended projects			
a. Federal	\$1,586,986	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		12 & 14	12 & 14
d. Local	\$396,748		
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
g. TOTAL	\$1,983,734	Date: 08/04/06	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title General Manager	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 8/10/06	

RCH
#304Approved
6-22-06

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 3-06-0088-FCH FFY2006
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Fresno		Organizational Unit: Department of Airports	
		Department: Airports	
Organizational DUNS: 17-678-5079		Division: Projects and Engineering	
Address: Street: 4995 East Clinton Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fresno		Prefix: Mr.	First Name: Kevin
County: Fresno		Middle Name:	
State: CA		Last Name: Meikle	
Zip Code: 93727		Suffix:	
Country: USA		Email: Kevin.Meikle@fresno.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	3	3	8	
Phone number (give area code): 559-621-4536		FAX number (give area code): 559-498-5549								

8. TYPE OF APPLICATION:

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)		
Other (specify)		

7. TYPE OF APPLICANT: (See back of form for Application Types)

C
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)					

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Fresno Chandler Executive Airport (FCH)
- Install AWOS III
- Rehabilitate Taxilanes South Side (Design)
- Environmental Assessment for Northside Improvements**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**

Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 6/2006	Ending Date 6/2009	14. CONGRESSIONAL DISTRICTS OF
		a. Applicant 18TH
		b. Project 18TH

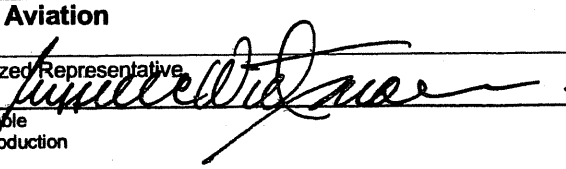
15. ESTIMATED FUNDING

a. Federal	\$ 414,440 .00	RECEIVED AUG 14 2006 STATE CLEARING HOUSE
b. Applicant	\$.00	
c. State	\$ 21,813 .00	
d. Local	\$.00	
e. Other	\$.00	
f. Program income	\$.00	
g. TOTAL	\$ 436,253 .00	

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSa. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: TBD

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ Yes If "Yes" attach an explanation ☒ No**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED**

a. Authorized Representative	
Prefix Mr	First Name Russell
Middle Name C.	
Last Name Widmar	
Suffix AAE	
b. Title Director of Aviation	
c. Telephone number (give area code) 559-621-4600	
d. Signature of Authorized Representative 	
e. Date Signed 4-19-06	

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

RECEIVED

6. Date Received by State:

7. State Application Identifier:

AUG 15 2006

8. APPLICANT INFORMATION:

* a. Legal Name: San Luis Obispo County Sheriff's Department

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000939

* c. Organizational DUNS:

035116404

d. Address:

* Street1:

P.O. Box 32

Street2:

* City:

San Luis Obispo

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93406

e. Organizational Unit:

Department Name:

San Luis Obispo County Sheriff

Division Name:

Forensic Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Gary

Middle Name:

* Last Name:

Hoving

Suffix:

Title: Chief Deputy

Organizational Affiliation:

* Telephone Number: 805-781-4528

Fax Number: 805-781-1075

* Email: ghooving@co.slo.ca.us

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Forensic Services Laboratory Enhancement Program.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 22

* b. Program/Project 22

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2006

* b. End Date: 06/30/2007

18. Estimated Funding (\$):

* a. Federal	104,646.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	104,646.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8-15-06.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Gary

Middle Name:

* Last Name: Hoving

Suffix:

* Title: Chief Deputy

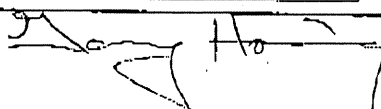
* Telephone Number: 805-781-4528

Fax Number: 805-781-1075

* Email: ghoving@co.slo.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction



8-14-06

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2 Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

AUG 15 2006

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF FREMONT

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946027361

* c. Organizational DUNS:

138924787

d. Address:

* Street1:

2000 Stevenson Blvd

Street2:

* City:

Fremont

County:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94538

e. Organizational Unit:

Department Name:

Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Shelly

Middle Name:

* Last Name:

Milliman

Suffix:

Title: Crime Analysis Manager

Organizational Affiliation:

* Telephone Number: 510-790-6977

Fax Number: 510-790-6901

* Email: smilliman@ci.fremont.ca.us

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Fremont

* 15. Descriptive Title of Applicant's Project:

Patrol Vehicle Computer Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts C1:		
* a. Applicant	<input type="text" value="13"/>	* b. Program/Project <input type="text" value="13"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="11/22/2005"/>	* b. End Date: <input type="text" value="11/21/2008"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="98,723.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="98,723.00"/>	
<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;">RECEIVED AUG 15 2006 STATE CLEARING HOUSE</div>		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Shelly"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Milliman"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Crime Analysis Manager"/>	
* Telephone Number:	<input type="text" value="510-790-3977"/>	Fax Number: <input type="text" value="510-790-6901"/>
* Email:	<input type="text" value="smilliman@ci.fremont.ca.us"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>



Mercy Housing

Mercy Housing California

August 16, 2006

To: Ms. Terry Roberts, State Clearinghouse Director
Governor's Office of Planning and Research

Fax: 916/323-3018

From: David Wilkinson, Director
Community Development Department

RE: USDA Housing Preservation Grant

As per the request of the Rural Housing Section of USDA and its Housing Preservation Grant Program, and on behalf of Mercy Housing California (MHC), I am requesting the interagency office approval.

Accompanying this memo is our completed SF424. If you have any questions, please call me at 916/414-4419. I would appreciate if you could provide a formal written response by **Friday, August 18**, in order that I may include it in the proposal.

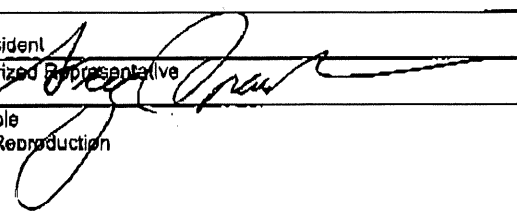
Thank you again for your assistance in MHC's proposal to USDA's Housing Preservation Grant program.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 16, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Mercy Housing California		Organizational Unit: Department: Community Development Department																						
Organizational DUNS: 883200909		Division: West Sacramento																						
Address: Street: 3120 Freeboard Dr. Ste. #202		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David																						
City: West Sacramento		Middle Name																						
County: Yolo		Last Name Wilkinson																						
State: CA	Zip Code 95691	Suffix:																						
Country: USA		Email: dwilkinson@mercyhousing.org																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Phone Number (give area code) 916-414-4419	Fax Number (give area code) 916-414-4492																					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) NON PROFIT Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433		9. NAME OF FEDERAL AGENCY: USDA																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Biggs		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Preservation Program																						
13. PROPOSED PROJECT Start Date: October 2006 Ending Date: September 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Wally Herger b. Project: Wally Herger																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>200,000</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>108,000</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>308,000</td></tr> </table>		a. Federal	\$	200,000	b. Applicant	\$	108,000	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	308,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 16, 2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	200,000																						
b. Applicant	\$	108,000																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	308,000																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Greg Middle Name: Last Name: Sparks Suffix: b. Title: Vice President c. Telephone Number (give area code): 916-414-4439 d. Signature of Authorized Representative:  e. Date Signed: August 16, 2006		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004

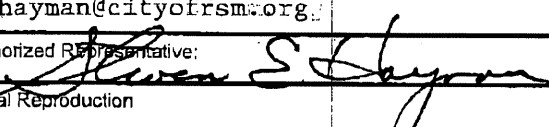
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Rancho Santa Margarita		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2017167		* c. Organizational DUNS: 10 094 0597
d. Address:		
* Street1: 22112 El Paseo		
Street2:		
* City: Rancho Santa Margarita		
County:		
* State: California		
Province:		
* Country: USA		
* Zip / Postal Code: 92688		
e. Organizational Unit:		
Department Name: Orange County Sheriff's Department		Division Name: Rancho Santa Margarita Police Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Sergeant		* First Name: Matthew
Middle Name: M.		
* Last Name: Barr		
Suffix:		
Title: Sergeant		
Organizational Affiliation: Contract Police Services		
* Telephone Number: (949) 635-1817		Fax Number: (949) 635-1839
* Email: mbarr@ocsd.org		

OMB Number: 4040-0004

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1:		
Type of Applicant 2:	(C) City or Township Government	
Type of Applicant 3:	(B) County Government	
* Other (specify):		
* 10. Name of Federal Agency:		
U. S. Department of Justice - Office of Community Oriented Policing		
11. Catalog of Federal Domestic Assistance Number:		
CFDA Title:	COPS F/Y 2006 Technology Program	
* 12. Funding Opportunity Number:		
* Title:		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Rancho Santa Margarita, County of Orange, State of California		
* 15. Descriptive Title of Applicant's Project:		
Purchase of Laptop and peripherals computers, portable computer memory storage devices and traffic monitoring equipment to more efficiently meet the needs of Rancho Santa Margarita citizens.		
Attach supporting documents as specified in agency instructions.		

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: Gary Miller, 42nd District, CA	* b. Program/Project: COPS Technology
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: May 31, 2006	* b. End Date: May 30, 2007
18. Estimated Funding (\$): \$18,757.00	
* a. Federal _____	
* b. Applicant _____	
* c. State _____	
* d. Local _____	
* e. Other _____	
* f. Program Income _____	
* g. TOTAL \$18,757.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8/15/06</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: _____	* First Name: Steven
Middle Name: E.	_____
* Last Name: Hayman	_____
Suffix: _____	_____
* Title: City Manager	
* Telephone Number: (949) 635-1800	Fax Number: (949) 635-1840
* Email: shayman@cityofirsm.org	
* Signature of Authorized Representative: 	* Date Signed: 5/31/06

Authorized for Local Reproduction

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-15-06		Applicant Identifier # 90ET 0317/03	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name Riverside County Department of Community Action		Organizational Unit: Department:		Division:	
Organizational DUNS: 105920057		Name and telephone number of person to be contacted on matters involving this application (give area code)		Prefix: Ms First Name: Maria	
Address: Street: 2039 Iowa Avenue, #B-102		Middle Name Y		Last Name Juarez	
City: Riverside		Suffix: CCAP		Email: mjuarez@riversidedpss.org	
County: Riverside		Phone Number (give area code) 951-955-4900		Fax Number (give area code) 951-955-6506	
State: CA Zip Code 92507-2412		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Government Other (specify)			
Country: U.S.A.		9. NAME OF FEDERAL AGENCY: Admin. for Children & Families, Office of Community Services, HHS			
6. EMPLOYER IDENTIFICATION NUMBER (EIN). 005-6000930		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide Asset Building Advisory Network			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate factor(s) in box(es) (See back of form for description of factors.) Other (specify)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41, 43, 44, 45, 49 b. Project 41, 43, 44, 45, 49			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California and Nevada		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
13. PROPOSED PROJECT Start Date: 10-1-06 Ending Date: 9-30-07		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
15. ESTIMATED FUNDING:		a. Authorized Representative			
a. Federal \$ 70,000		Prefix Mrs. First Name Lois Middle Name J.			
b. Applicant \$ 23,400		Last Name Carson Suffix CCAP			
c. State \$		c. Telephone Number (give area code) 951-955-4900			
d. Local \$ 46,600		e. Date Signed 5-15-06			
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 140,000					
b. Title Executive Director		Signature of Authorized Representative <i>Lois J. Carson</i>			

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